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### AN INTRODUCTION TO THE STUDY OF THE MEDICAL JURIS-PRUDENCE OF INSANITY.

BY EDWARD C. MANN, M. D., F. S. S., NEW YORK.

I have aimed to present the subject of the medical jurisprudence of insanity in a manner to bring the science up to its standard. Public policy may require a rule different from that which would meet the approval of the most advanced scientific minds. Rules of law must not only be framed with a view to protect the accused, but also to protect the community, and therefore I have endeavored to be as conservative possible, as scienadhering strictly to the tific truth. I claim that a scientific truth can never be a dangerous doctrine. Our present theories of crime and criminals will soon have to be abandoned. The advances of scientific knowledge in the field of physiology and psychology, sociology and anthropology contradict and give no support to the present views. A new land of science is waiting to be explored. Crimi-

nals are the result of natural causes and reversionary types. Pre-natal environment plays an important part in the production of criminals, the insane, the idiot and the epileptic. In studying heredity we find that there is an innate predisposition and an element of contagion from the surroundings. Motor activity is prominent, and physical insensibility being below the normal in most cases punishment by pain has less influence on the criminal. Moral insensibility and paralysis of all the higher brain forces are found, suggesting an arrested development. We must study the forces and laws which govern crime and the criminal, and adopt measures of treatment that will antagonize the cause of crime. We find distinct cranial and cerebral characteristics in the criminal. Although the average size of crania differs but little from normal people, there is a

lack of symmetry and a defective development. In the face we see a large, prominent, lower maxillary bone, or a thin, retreating jaw. We also find high cheek bones, large, coarse ears, pallid skin, precocious wrinkles, anomalies of the hair and a peculiar physiognomy in which the eve is most prominent. In large numbers of criminals there is very striking resemblance. Hearing and the sense of smell are below the average, while the sense of sight is very acute. Physiological psychology opens its researches into the beginnings of life and activity. Arrested development of brain is accompanied by arrested development of mind, and we need to open institutions for the study and treatment of the children criminals, so that we may combat degeneration of the tissues of the brain and thus prevent the child, so far as possible, from growing up a criminal, and by the influence of a good environment train and educate such children mentally, morally and physically. Degeneration of the tissues of the brain must always be associated with impaired function. Such study of such children demands observation and careful, trustworthy records. must collect data in child growth of the children of criminals, if we are going to solve the problem satisfac-The senses, motor activity, the will, the sentiments, consciousness of the ego, memory, reasoning, the musical sense, language and expression must all be studied, and records kept carefully. The child's brain grows as much in the first year as in the whole of after life; therefore, if the child be taken at birth out of a criminal environment and placed in a different one, the possibilities would be great for rescuing that child from the career of a criminal and to grow up to marry and breed its like, and for bringing up these children with comparatively normal functions of feeling and knowing, emotion and willing. The second generation would be better yet, and in the third we think all traces of a criminal nature would be obliterated. Is this not worth the attention of the Common-

wealth? The subject of Education and Environment vs. Heredity, Criminality, etc., does not receive its due attention. A low grade of brain development is susceptible of modification by judicious training. Brain structure bears a very close relation to mental states and conduct, and the State should prevent the marriage of criminals. Intemperance in parents may produce a defective brain in the offspring and, owing to the correlation of morbific forces, the child may either become a criminal, insane, idiot or epileptic, as the case may be; therefore, too much attention cannot be given to teaching the physiological action of alcohol on man and his offspring. The habitual criminal is what he is, through a perverted and defective organism. is permeated by vicious heredity, and in addition to all this all his education is, during the most actively formative years, in the direct line of vice. In addition to this, society itself is firmly opposed to the reform of the criminal, and this opposition takes the shape of an ostracism, which makes his every sentence perpetual and which excludes him from the hope of public clemency.

PRE-NATAL INFLUENCES IN THEIR RELATION TO CRIME AND CRIMINALS.

Intensely active molecules of the mother, imperceptible to sense, veritably extra-sensual, are the foundation of all the unborn babe's visible matter. Is it then at all inconceivable that in these physico-mental functions, which of all the operations in nature known to us are the finest and most subtle, there are agencies so fine, so little material, as to be unappreciable in themselves and known only by their effects, viz.: The future life of the unborn child? There is no difficulty in a mother's enunciating lofty, general, moral principles to her son, but the son who will be most apt to apply the principles to the particular case, which is the great difficulty in morals, will be the one whose mother, while carrying him while yet unborn, gave him a code of exact rules to help him at such practical junctures in his future life, by asking God, her Father, each day of her pregnancy, to guide and direct her in all she thought and said and did, and the repetitions of her conduct will not only mould and make her own character, but not less surely that of her unborn infant. A great deal is said about environment. Environment can do a great deal for a boy or a girl, a man or a woman, but always there must be something akin within to vibrate in sympathy with the quality of the power without; if not, the latter has much less influence, and that something within depends very much upon pre-natal influence. You cannot get out of a person emotions which are not embodied in mental structure, and mental structure depends tremendously upon pre-natal influence. How can it be otherwise? The brain of the embryo is the seat of countless multitudes of molecular tremors that are in relation with the actions of the mother's mind and brain, and it is the sum or outcome of the whole of these intimate, intricate and impalpable motions which appear in the illumination of consciousness in the child. It is these infinitely minute and subtle elements of matter of the mother that minister to and form the mental functions of the child. The motives that actuate us in the conduct of life are more often than we suppose the motives that actuated our mothers while they were bearing us. A very supposable conflict in the mind of a young married woman is the conflict between desires. In the supreme centres of her brain the desires will fight out their battles, and, by the struggle which they make for existence, attain and maintain the equilibrium which wil characterize the character of her child in a great measure. The result of this conflict of desires in the mother will be partly determined by the native capacity of her mind its natural heritages and aptitudes, partly by the degree and character of the development of her mind, and a great deal by the earnestness and faith of her prayers to God for daily guidance and by her endeavoring to attain to the true symmetry of life. If we truly want our mental functions of feeling and knowing, emotion and willing, to be performed in their highest possible manner, a manner approximating the divine intelligence, then we must ask divine help. Pupils become like their teachers. Those who walked with Plato in the academy learned his wisdom. Those who walked with Aristotle in the Lyceum learned his wisdom. The companionship of great men is stimulating to the intellect, and conversation with the divine intelligence is productive of moral development and expansion. Girls taken away from the environments of vice and crime while young children and brought up under Christian influences will, when they bear children, bear those who will be much better in moral qualities than their ancestors were, and this process repeated for a few generations will stamp out a great deal of vice and crime in the community.

### REGARDING MEDICAL EXPERT WITNESSES.

Regarding medical expert witnesses we would recommend that no person should be permitted by the trial judge to testify as an expert who has not been particularly conversant with that department of knowledge to which such facts as he is to testify concerning belong. Any physician, for instance, may testify about the circumstances of a wound, but only a practical operating surgeon can properly determine whether a given wound will be necessarily fatal. Conduct and conversation may be correctly related by any good observer, but only an alienist physician of practical experience with the insane can say with authority whether the mental manifestations described are indications of insanity. We shall indeed never see absolute, unexceptional agreement, because experience demonstrates that all men do not see and hear the same things exactly alike. Therefore we cannot have unanimity in matters of opinion any more than in matters of fact. An expert is in Court to tell the significance of certain facts that have appeared in evidence. Ergo: No man should be permitted to testify as an expert who has not made that class of facts his particular study, and who has not had an opportunity of seeing them displayed on a large scale. All have not had precisely the same experience; therefore you will never see invariable unanimity on the witness stand, any more than you will see one judicial decision express the united opinions of the full bench. I distrust opinions generally when they are unanimous, as I expect to find that several men have unthinkingly followed the first of their number who has expressed an opin-Discrepancy often implies intelligent thought, instead of incompetence. One great evil is that there are some men who, because they have a little knowledge on some specialty, claim credit for a great deal which they do not possess, and rush to the witness stand to assume a duty for which they are entirely incompetent, and, in their character of experts, their opinions may have the same weight with the jury as those of better men. The question should be for the lawyer preparing the case, who desires the services of an expert, "Has the man I intend to call, as expert in a given department, given his time and attention entirely to such pursuit?" If not, reject him and find one who has done so, if you expect skilled testimony that will voice science.

A physician who studies his case, who is conscientious and who commits himself doubtful theories, need have no fear of cross-examination. An expert who goes upon the witness stand and testifies to the truth, and nothing but the truth, so far as his opinion is concerned, would very much prefer to be crossexamined by a lawyer who has studied the subject than by one who has not studied it. As a rule expert witnesses are treated with respect and consideration while under cross-examination, and it is rarely that lawyers abuse cross-examinations. The present system of calling expert witnesses may have some evils, but, everything considered, it is problematical if any other system that can be suggested would not have equally great disadvan. tages attending it.

It would be a measure of doubtful propriety to inaugurate any system that would obviate the necessity or do away with the right of cross-examination in open Court in the presence of the jury. Every person accused of crime has a constitutional right to be confronted by his witnesses in open Court, and has a right to have their truth sifted by

cross-examination.



### VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

INTRINSIC AIDS TO HEMOSTASIS
IN SURGICAL HEMORRHAGE.

The term surgical hemorrhage in this instance is used advisedly, for in a general way the management of hemorrhage of a constitutional origin and that accidentally included in trauma, is inevitably induced in operative surgery and is not founded on quite the same principles.

Without our ability to effectively suppress hemorrhage no description of a mutilating or a cutting operation would ever be undertaken

with safety.

All the vitalizing elements of life are in the blood, and hence it may be well that we carefully guard its waste when we propose to divide the tissues.

Let us see what safeguards the surgeon provides against the loss of blood, without the aid of art, and then later consider briefly the preventive or adjacent measures found most useful and devised by the ingenuity of man.

We must first begin with the central organ, the heart, which, as we have seen previously, is not the sole motor of the blood. This engine provides the force for the main arterial trunks. There is another agency scarcely less important than the heart in its influence on the circulation, which is the brain, acting through the vaso-motor nerves.

In surgical anaemia cardiac action comes into play in a most salutary manner; in a very large proportion of cases in such a salutary manner as to keep life when every other

hope is lost.

In many operations, especially on the brain or any other highly vascular organ, when its parenchyma is penetrated by a keen edge, the number of arteries divided is large and their ends retract into a soft, pulpy structure, which will not endure positive pressure. Clamping or ligature of them all is quite out of the question. In all malignant growths there is a hypervascularization. This is equally true of sarcoma and cancer.

The coagulating power of the blood is increased, but this is not ample provision when a territory of large vessels is cleft. The main vessels are secured easily enough, but numberless arterioles cannot be secured. Direct positive pressure, styptics, etc., will close most of them, but parenchymatous oozing is troublesome; when suddenly noticed that one patient has been terribly blanched, the respirations are irregular and the heaving of the chest is scarcely perceptible, the pulse can be scarcely detected at the wrist, our patient is in shock. in fact in the shadow of death.

All loss in bleeding must now be arrested and that none too quickly.

Bleeding ceases of itself in the smaller vessels, the field is dry and all oozing has suddenly stopped.

The experienced surgeon knows full well what this means in the midst of a sanguinous operation, and promptly discontinues for a moment until assured that it is only transient; nevertheless takes advantage of the respite to secure any vessels which may have before eluded him. Now, what occurs at this juncture? However authors may disagree in their theories of shock, all are agreed that its dominant feature is cardiac depression and that the vaso-motor system is profoundly effected. Cardiac force is greatly diminished, and the peripheral circulation is at a standstill.

Now, the modus operandi, hemorrhagic arrest upon cardiac insufficiency, is without doubt primarily through the nerve centres. The vessel's walls are not contracted, but collapsed. All muscular tissue is in a state of relaxation, the smoothfibred as well as the striped.

The arterial terminals are empty, for in a paralyzed vessel blood does not freely circulate, especially the artery. A film of plastic fibrin has been lefto ver the intima up to the point where the quiescent blood corpuscles are massed together preliminary to coagulation.

The period of cardiac depression varies according to a great many circumstances, though it should be remembered that its effect on the peripheral vessels continues sometimes for many hours after full cardiac force has been restored. Thus how often do we hear of mortal cases of secondary hemorrhage many hours after an operation. Many times we will find that a snugly applied ligature has been forced off the end of a vessel and free hemorrhage has quickly cut off life?

In some cases it would seem as though cardiac force is renewed with abnormal intensity.

The heart's action then must be regarded as an important factor in operative or traumatic hemostasis. But it is somewhat erratic in certain individuals and should always be regarded as nothing more than a temporary adjunct in those operations necessarily attended with an unusual loss of blood; those of a feeble constitution unable to sustain it.

In young children, who as a rule bear the loss of blood badly, cardiac depression is pronounced early in an operation, although it passes off early, and hence in their cases we must be cautious that all divided vessels are securely closed before permanent dressings are applied.





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#### SUBCUTANEOUS EMPHYSEMA OF THE NECK DURING DELIV-

#### ERY BY RUPTURE OF THE TRACHEA OR BRONCHI.

M. Nicaise in Revue de Chirurgie, of July 10, 1896, details an account of this peculiar accident.

Among the accidents which may complicate labor one of the most rare, though none the less grave, is the sudden formation of emphysema of the neck.

It occurs most commonly in primipara, druing difficult labors in those expulsive efforts, attended with violent pains, especially when the crises are repeated. Sometimes the patient is first conscious of it by a choking sensation and a fullness extending up to chin or behind the ears. Commonly the emphy-

sema is not extensive, although occasionally it penetrates through the platysma and bloats the entire face and eyelids. In one very aggravated case Nicaise noted after six hours of very hard labor enormous distension of the subcutaneous tissues In this case death followed the next day.

Although the author has been able to gather the records of 44 cases, this was the only one terminating mortally. It has been supposed by Atthill that the escaping air in these cases came from the root of the lungs, the air vesicles giving way and air forcing along the one

diastinal space along the trachea. Others, particularly Cloquet, believed that the point of rupture was at the bifurcation of the bronchial tubes; while others again have been convinced that the trachea itself, or the crico-thyroid membrane is sundered.

It is doubtful whether it is produced by inspiration or expiration, though more probably by the latter, when the glottis is closed and the diaphragm is violently contracted.

That the trachea is dilated during inspiration and contracted in expiration, as is currently taught, is denied. All authors agree that this type of aerial leakage succeeds very great tension suddenly augmented or when violent expulsive force is demanded.

Emphysema of this variety has been witnessed in singers, speakers and those who play wind instruments. Among the same class sometimes are witnessed wind tumors. (Tumours Gazenses du Con. Rev. de Chir., 1889.) Rupture of the air passages have been observed under other conditions than in labor.

Frank Behr, Rogen and others have witnessed it co-incidentally with squint in whooping cough. As to its frequency in parturition, Finclair, cited by Roche, mentions seven cases in 13,748 labors. In 1892, at the Maternite de Baudeloque, in 1920 confinements met with three cases.

For treatment prophylaxis is necessary, to facilitate delivery, or give moderate doses of chloroform until spasm of the muscles passes away.

Finally, when emphysema is present in any way enjoin strict quiet, support the head and neck, moderately raised.

#### INDURATED PHLEGMON OF THE NECK.

M. Reebus has lately, in a timely article in Revue de Chirurgie, called attention to an unusual variety of tumefaction of the neck, in its anterior areas, pursuing various courses and presenting not infrequently many puzzling features, at times mistaken for a malignant growth or glandular hyperplasia.

Quenu, Reynier and Poncet have studied it with great care and express different views on its pathogeny. M. Rechis has seen only four cases of it. In some the tumefaction went on to suppurative, opening spontaneously, or divided by the scalpel; in others the dense, painful indurative underwent resolution.

It sometimes develops without any chill or constitutional disturbance.

The mass usually primarily grows low down on the neck just over the clavicle, seeming to rise from under the sternocleido muscle.

On microscopical examination no tubercle bacilli were found, nor any of the bacteria commonly met with in ordinary suppuration. Chains and agglomerations of diplococci were found, some engulfed by leucocytes. But the patients in no instance had recent gonorrhea. When these phlegmons advance

When these phlegmons advance forward on the trachea or larynx life may be imperiled by asphyxia; hence the need of early and deep incision when fluctuating. It is needless to add that in consequence of their close proximity to important nerve trunks and vascular organs caution must be exercised on division of the structures.

In nearly all of those in whom

we meet these enlargements the general health is much reduced; they have lived lives of dissipation, have a feeble constitution with a tendency to premature degeneration of the tissues.

The immediate cause is bacterial. Pyogenic germs habitually found in the air passages under certain depraved conditions of the system, lighting up various grades of inflammation, advancing to destruction or resolution, according to the resisting power in the tissues.

#### AN UNFORTUNATE OMISSION.

In our issue of August 29 all credit due Dr. Albrecht-Erlenmeyer for his valuable paper on Chemical Demorphinization was lost through a printer's blunder.

When the corrected galley proof was sent back to the printer, Dr. Erlenmeyer's name was at the head of the article, and the translator was credited at the end of it for his portion of the work. The omission was therefore one that could not have been foreseen and was doubly unfortunate because the article has been extensively copied into our exchanges.

—Chandler.





NOTES ON THE USE OF THE CONTINUOUS CURRENT IN ARTHRITIS DEFORMANS, OR RHEUMATOID ARTHRITIS.

BY H. S. JEWETT, M. D., DAY-TON, O.

Read by Dr. Dickson.

The following is presented with the twofold object of placing on record my experience in the treatment of this disease by electricity and of obtaining in return the results of the experience of those fellows whose fortunate connection with the hospitals of large cities has given them the opportunity of studying the effects of the different modifications of electrical force upon this disease.

The disease is too well known to require any description, and the discussion of the etiology, whether of rheumatic or trophic nervous origin, has no place at this meeting. That Osler's statement, "No benefit can be expected from electricity," is a mistake will appear in the following report of a few of my cases:

Case 1. Mrs. J. P., aet. 64; married; has had eight children. When 13 years of age she had a very severe attack of acute inflammatory rheumatism, in which all the joints of both arms and legs were involved, and by which she was confined to her bed for eight weeks. At 18 she had a second severe attack, in-

volving all the joints. This attack was complicated by endocarditis, and left her with mitral insufficiency, which still remains. A persistent pain and stiffness of the joints of the hands and feet began shortly after her second attack of acute rheumatism, and grew worse steadily, but very slowly, till at the time of my first treatment (June, 1887), she was so bad she could not use either hands or feet; knees and elbows only slightly involved. joints of hands and feet enlarged. Fingers and toes badly distorted and very painful. I first tried the interrupted induced current supplied by a large Kidder coil. The applications were made daily, both locally and generally. At the end of one week I discontinued the faradic current, as no improvement was discernable, and the use of even the mildest current supplied by my coil caused her great pain. I then used the continuous current with large sponge electrodes. Seances one-half hour, the first half of which I applied both electrodes to the affected joints; the balance of the sitting I applied the anode to the affected joints and cathode to spine at base of neck. Strength of current governed by her endurance. Under this treatment the pain and stiffness rapidly subsided and the nodes on the joints diminished perceptibly in size. Daily sittings were given for two weeks, then every other day for two weeks more, when she discontinued

the treatment, as she had better use of hands and feet than she had had for many years. The improvement lasted about a year, when she got caught in a rainstorm and got wet. From this time the old condition slowly returned. When she could no longer use either hands or feet she again had recourse to electricity. The continuous current was used as above described, on alternate days, and at the end of fifth week she considered herself well and discontinued the treatment. The improvement lasted for nearly three years, when she went out into a hailstorm to save a few pots of flowers, and immediately thereafter began to grow worse. Two years ago she came again for relief by electricity. This time I placed hands or feet, with anode, in a "foot tub" filled with warm water and used 4x6-inch clay electrode as cathode over spine at base of neck. At first sitting I found she could not bear more than twenty (20) m. a. on account of the burning of the skin at its contact with the surface of the water, and also under a gold ring she was wearing. After the sitting I found the skin very red at the point corresponding with the surface of the water, and under the ring there was a blister. Thereafter I bandaged legs and arms before immersing them, so as to diffuse the current at surface of the water, and had no further trouble, as with them bandaged she could easily bear from fifty-five (55) to sixty (60) milliam-peres of current. Improvement was so rapid that she discontinued treatment at the end of the third week and is still able to go about the house and even do some sewing.

Case 2. Miss C., aet. 54. Had one attack of acute rheumatism when 27 years old, both ankles and right wrist and elbow being affected. About 20 years ago first noticed the pain in the fingers of both hands. About a year later both feet became painful. The disease progressed steadily till all joints of both hands and feet, both wrists, elbows, ankles and knees were involved. Has been confined to bed or chair for past ten years. Hands and feet badly dis-

torted; muscles of arms and legs much atrophied. Had tried a faradism several times with no improvement. I tried first faradic and then continuous current. For two weeks the daily use of faradic current, applied both generally and locally, produced no perceptible effect, except to increase the pain in her joints while the current was passing. A four weeks' trial of the continuous current lessened the pain in the joints and improved her sleep, but otherwise seemed to be without effect.

Case 3. Mrs. F., aet. 48; married. Has had seven children. She gives a history of one bad and two lighter attacks of acute rheumatism, affecting all the joints of arms and legs; no cardiac trouble. About 14 years ago the joints of hands and feet began to be permanently sore. Phalangeal joints of both thumbs and both index and middle fingers badly distorted by the enlargement of the articular extremities of phalanges. The other fingers less distance Both wrists slightly stiffened. distorted. bows and knees not affected. feet and ankles stiff and painful, but I began with the no distortion. faradic current, but she said I "was breaking every bone in her hands," and refused to go on with it. then used the continuous current, with sponge electrodes, one electrode to the affected joint, the other to spine at base of neck. I used 16 to 18 cells, McIntosh battery. Sittings of half hour every other day for six weeks, at which time pain had left hands and feet. She could walk quite well and had good motion in metacarpo-phalangeal joints hands, but the enlargement of articular extremities of phalanges and resultant crippling of the fingers was not affected.

Case 4. Mrs. J. M., aet. 46; married; has four children. Has had numerous attacks of acute rheumatism, the first when 27 years old, the last at 41. For the past 12 years she has had constant pain and stiffness, both hands, wrists and elbows; lower extremities not affected; joints of fingers much enlarged and distorted; can feed herself after the

food has been cut up for her, but cannot dress herself. As legs are not implicated can go about as well as ever. The constant current was used with hands wrapped in clay for one electrode. The other, large clay electrode to the spine at base of neck. Current used was from twenty-five (25) to thirty (30) milliamperes. Sittings one-half hour each day for two weeks, after that every other day. After four weeks' treatment the pain almost entirely gone and the joints (probably owing to freedom from pain) slightly more mobile. But here the improvement ceased, and as no further advance in mobility was perceptible the treatment was discontinued at the end

of the eighth week.

Case 5. Mrs. D. B., aet. 31. Has had three children, the youngest 5 Has had repeated atyears old. tacks of acute rheumatism, the last about two years ago. Some 13 years ago the joints of feet, ankles and knees became continuously painful and swollen, so that she had to give up housework. But she assisted her husband with his tailoring. About nine years ago the hands, wrists and elbows were implicated and all the joints began to enlarge. She continued to grow worse, and muscles of arms and legs to atrophy. For past three years has been completely bedridden. Arms and legs. not much more than skin and bone. Thighs less atrophied. Treated her daily, using faradic current a half hour and then the continuous current for 20 minutes. Faradic applied generally and also locally to arms and legs; the galvanic by means of soft clay, to hands and feet, and large electrode to spine at base of neck. She would be free from pain for about an hour after each application, but as no other effect was noticeable, the treatment was abandoned after a month's trial.

Case 6. Mrs. B. K., aet. 48; widow. Had one child. Eleven years ago had one attack of acute rheumatism, affecting both feet, knees and left elbow. For past five years has had continuous "rheumatic" pains in both hands, wrists and elbows, also in both feet, knees and hips. Fingers

slightly distorted and very stiff; wrists and elbows stiffened, but not distorted. Knees and feet pain her most and are so stiff she can barely stand on them and cannot walk at all without support. Muscles not atrophied. Continuous current used 20 minutes every other day, with bandaged feet or hands in water with one electrode, the other to spine at base of neck, using 40 milliamperes current. Six weeks' treatment gave marked relief from pain and decided reduction of the stiffness of the joints. She could walk slowly about the house without support and even ascend and descend a few steps. Treatment suspended owing to her removal from the city.

Case 7. Miss E. E., aet. 25. Has had no acute rheumatism. Arthritis deformans began eight years ago. All the joints of the body except spine and jaw are involved. Knees, ankles and all joints of both feet are immovable; hips very stiff; very slight motion in fingers and wrists; elbows anchylosed; shoulder joints much stiffened. Large nodules on elbows and knees; all joints of hands and feet much enlarged; muscles of arms and legs badly atrophied. Has been absolutely helpless for past two years. Sleeps very poorly; appetite very poor; has not menstruated for more than a year. She was very anxious to try electricity, though I gave her no Tried faradic current from hope. fine wire coil, singing rheatome, but had to stop immediately owing to the pain it produce in hands and wrists. Then used the continuous current. Applications were made every other day. Seances half an hour. Began with 15 m. a. and gradually increased to 30 m. a. (all she would bear). using at first clay electrodes and later immersing hands and feet in warm water. The latter method was much more agreeable to her. Treatment was continued for eight weeks with no perceptible improvement of mobility, but the appetite improved, the bowels became more regular; there was marked diminution of pain, she slept better and finally menstruation returned.

All the remaining cases on my note books are cases of pure arthritis deformans with no history of acute rheumatism, like case 7, which was chosen as an extreme They differ from of the disease. case 7 only in degree or number of joints attacked, amount of pain, stiffness and distortion of joints and extent of atrophy of the muscles. In all those cases, having no history of acute articular rheumatism the only good I have been able to accomplish has been to give more or less relief to the pain, procure better rest and an improvement of the general health. The atrophy and joint affection remained unimproved. I have not seen any evil effects result from the use of the electricity. But in those cases having a history of acute articular rheumatism preceding the arthritis deformans, decided effects were attained by the use of the continuous current. The pain was always removed more or less completely, and with the removal of the pain there was increased mobility of the joints. In one of my cases the enlargement around the joints was partly removed.

I am well aware of the fact that the number of cases seen by me is so small that no definite conclusions can be based upon them, and therefore hope that the fellows of this association will report their experiences, stating the modification of electrical energy used and the results; as the disease is acknowledged to be incurable, everything that offers any amelioration should be promptly added to the meagre armamentarium now in our hands.

My own experience has been confined to the use of the interrupted induced current as supplied by a large Kidder coil and, more lately, by a long wire coil with singing rheatome, and to the continuous current. In my earlier use, as I had no meter, I was obliged to control the current entirely by the sensations of the patients; now I practically do the same, though I know exactly how much current is passing.

My experience with the faradic

current has been entirely unfavorable. The continuous current, on the other hand, has rendered good service, about 30 per cent. of my cases being decidedly improved in every respect; another 30 per cent. improved in general health, appetite and sleep, though no better as to the joint affection or muscular atrophy, while in the remaining 40 per cent. the results were nil, or at least, not appreciable either to patient or myself.

#### DISCUSSION.

Dr. Smith: This is an important subject, gentlemen. These patients are the pitiable objects of our commiseration, and if we are able to keep them with the continuous current or by other means (they are considered almost hopeless cases by any other method), it would be a great boon to them and a great credit to electro-therapeutics.

Dr. Walker: Unquestionably, now with the powerful static machines the results in chronic articular rheumatism and rheumatoid arthritis are satisfactory and brilliant. In my earlier experience I was disappointed with the results of the galvanic current, but with the direct spark applied to the deformities the improvement is very satisfactory. Then general health improves, sleep comes and pain disappears, and in many cases you will have complete liberation of the joints affected.

Dr. Morse: I have used the galvanic current in these cases without much result. But with the strong spark I have got good results. The more recent the case the more satisfactory the result. It is absolutely necessary to use as powerful a spark as the patient can stand.

Dr. Smith: I would like to ask Dr. Walker how he applies it.

Dr. Walker: I have the patients carried down and insulated, and apply as hot a spark to the joint as they can bear without feeling afraid of it—giving a light spark till they become inured to it, so that they do not mind it. In ten days they will take with pleasure as strong a spark can be given by the machine.

They go away practically longing to get back to the machine.

Dr. Smith: Does the spark go through the joint?

Dr. Walker: We apply the spark so that it will go right into the joint.

Dr. Bishop: Is the application made directly to the skin or through the clothing?

Dr. Walker: It does not make any difference. If you want to particularize any local swelling, apply directly.

Dr. Gerin: I have had a limited experience in using the static spark, but very good results. One case I had was of a year and a half's standind. I first saw Dr. Morton apply the static spark in that case. In three weeks the patient could throw away both crutches and get along with a cane. At the end of six weeks he could throw away the cane. I apply it through the shoes and clothing. I have seen the continuous current used and, I think, with some benefit, although cases where the static spark is applied give better results. I very recently had a case for three or four weeks under care where the static spark was applied where the trouble had existed for eight or ten years. In that case I did not get good results, yet I think there was some apparent improvement.



PROGRAMME OF THE PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

This will be held in Allston Hall, the Studio Building, Clarendon street near St. James avenue, Boston, Mass., Tuesday, Wednesday, and Thursday, September 29, 30 and October 1, 1896. Members of the profession are cordially invited to attend.

FIRST DAY, TUESDAY, SEPTEMBER 29—MORNING SESSION, 10 O'CLOCK.

#### ORDER OF BUSINESS.

1. Calling the meeting to order by the president, Dr. Robert Newman, New York City.

#### EXECUTIVE SESSION.

- 2. Discussion and vote upon amendments to the constitution and by-laws.
- 3. Election of new members.
  4. Reading of the minutes of the last meeting.

5. Unfinished business.

- 6. New business, resolutions, etc.
- 7. Reading notes from absentees. SCIENTIFIC SESSION.
- 8. Reception of guests.

9. Address of welcome.

Response.
 Address of the president, Dr.
 Robert Newman, New York City,
 "The Want of Education in Electro-Therapeutics in Medical Colleges."

12. Report of Committee of Ar-

rangements.

REPORTS OF COMMITTEES ON SCIENTIFIC QUESTIONS.

13. On induction coils and alternators, Mr. A. E. Kennelly, Philadelphia, Pa.

14. On meters, Dr. M. A. Cleves,

New York City.

15. On static machines and condensers, Dr. W. J. Morton, New York City.

16. On constant current generators and controllers, Dr. W. J. Herdman, Ann Arbor, Mich.

17. On electrodes, Dr. C. R. Dickson, Toronto, Canada.

18. On electric light apparatus for diagnosis and therapy, Dr. J. H. Kellogg, Battle Creek, Mich.

#### PAPERS.

19. What Can be Done by Means of the Use of Electricity to Avoid Surgical Operations. Dr. G. Betton Massey, Philadelphia, Pa.

ton Massey, Philadelphia, Pa.
20. Electricity in Chronic NonSuppurative Affections of the Uterine Appendages. Dr. F. Shavoir,
Stamford, Conn. Discussion by Dr.
G. Betton Massey, Philadelphia, Pa.

G. Betton Massey, Philadelphia, Pa. 21. Electricity in the Treatment of Diseases of the Throat and Nose. Dr. O. B. Douglass, New York City.

22. Electricity in the Treatment of Diseases of the Larynx. Dr. W. C. Phillips, New York City.

#### AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

23. Discussion.—Accidents and Risks in the Use of Street Currents. How Far Are They Practical and Safe in the Use of Therapeutics? Mr. J. J. Carty, E. E., New York City. Discussion by Mr. John J. Cabot, E. E., Cincinnati, O.

24. Accidents and Risks in Using Electricity Generated at Central Stations and Transmitted Over Underground and Overhead Wires to Operators in Electro-Therapy.— Danger to Patients and Operators and How Prevented. Also Liability of Physicians Using the Same. Digest.—Showing the danger to patients and operators, the utter unreliability of fuse wires, resistance coils and incandescent lamps as a preventive of excess flow of current into patient. The liability of and danger due to the crossing of operator's wire by wires carrying high tension current, both direct and alternating. Mr. John J. Cabot, E. E., Cincinnati, O.

25. Experiments Upon the Effects of Direct Electrization of the Stomach. Dr. Max Einhorn, New York City.

26. Electricity in Diseases of the Stomach. Dr. David D. Stewart, Philadelphia, Pa.

27. The Static Current in the Post-Apoplectic State. Dr. John Gerin, Auburn, N. Y. EVENING SESSION, 8 O'CLOCK.

28. Lecture I.—The Electrical Principles Generally Used in Medical Treatment. Professor William L. Puffer, Boston, Mass.

29. Lecture II.—The Relations of Physics to Physiology. Professor A. E. Dolbear, Tufts College, Mass.

SECOND DAY, WEDNESDAY, SEP-TEMBER 30-MORNING SESSION 10 O'CLOCK.

30. Electro-Therapy in the Treatment of the Nervous. Dr. W. S. Watson, Fishkill-on-Hudson, N. Y.

31. The Role of Electricity in the Treatment of Uric Acid Diathesis. Dr. J. G. Davis, New York City.

32. Some Observations in Electro-Therapeutics. Dr. D. R. Brower,

Chicago, Ill.
33. The Physics of the Production of the X Rays. Mr. Edwin Houston, Ph. D., Philadelphia, Pa. Mr. A. E. Kennelly, F. R. A. S., Philadelphia,

34. Treatment of Strictures by Electrolysis versus any Other Treatment. Dr. F. H. Wallace, Boston, Mass

35. The Newman Method of Urethral Electrolysis; Its Advantages and Reasons Why Some Operators Fail. Dr. Francis B. Bishop, Washington, D. C.

36. Faradism in Gynecology. Dr. R. J. Nunn, Savannah, Ga.

#### AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

37. Discussion.—The Motor Dynamo, Adapted to Electro-Therapeutic Work. Dr. W. J. Herdman, Ann Arbor, Mich. Discussion by Mr. Edwin W. Hammer, E. E., New York City. Dr. G. J. Englemann, Boston, Mass.

38. The Application of Electricity to Surgery. Dr. J. W. Herdman, Ann Arbor, Mich.

39. A Summary of the Ultimate Results in 86 Fibroid Tumors Treated by the Apostoli Method. Dr. G. Betton Massey, Philadelphia, Pa.

40. Some Experiments in the Construction of High Tension Coils and Electrodes. Dr. Frank W. Ross, A. M., Elmira, N. Y.

41. Electricity Considered in Its

Relation to Surgical Gynecology. Dr. O. S. Phelps, New York City.

42. A Clinical Report of a Case of Rectal Phlebitis Treated with Galvanism. Dr. D. B. D. Beaver, Reading, Pa.

43. On the Electro-Therapeutics of the Constant Current. Mr. A. E. Kennelly, F. R. A. S., Philadelphia, Pa.

44. Title to be announced. Dr.
 M. A. Cleaves, New York City.
 45. Title to be announced. Dr.

Fred H. Morse, Melrose, Mass.

## EVENING SESSION, 8 O'CLOCK. Executive Session.

46. Election of officers for ensuing year, 1897.

#### Nine O'Clock.

Reception to the members of the American Electro-Therapeutic Association and their friends by the medical profession of Boston, Mass.

THIRD DAY, THURSDAY, OCTOBER 1-MORNING SESSION 10 O'CLOCK.

47. Communications.

48. Unfinished business.

49. New business.

50. Continuation of the reading of papers.

#### AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

51. Visit to Professor Elihu Thomson's Electrical Plant, Lynn, Mass.

### THE INDISPENSABLE FLUORO-SCOPE.

What the microscope is to the histologist, or the compass to the explorer, the fluoroscope is to the investigator of X-ray phenomena in diagnosis. Every physician who experiments in this field is constantly seeking two things—a Crookes tube of superlative efficiency and a fluorescing screen that will transform its radiations into light. Not long ago an electrical journal published an inquiry from a subscriber asking if any good fluoroscopes were made and where they could be procured.

I have also received inquiries by mail.

In comparing a number of these essential tools to the skiagraphist I have so far discovered none equal to the so-called Edison Fluoroscope, manufactured by Aylsworth & Jackson, the chemists, of Orange, N. J., who assisted Mr. Edison in his tests. I presume they are furnished by all dealers in electrical apparatus. The ordinary sizes are 5x5 and 5x7, costing \$10 and \$14 each. Screens of any size can be made, however, and for photographic work a specially prepared screen is required for use

in the plate holder. If any of our subscribers desire to report their results in this department they are cordially invited to do so, as we believe the subject is one of great interest and value to the medical profession.

The Brooklyn Post Graduate School of Clinical Electro-Therapeutics was formally opened on September 7, and was a success from the start, an unexpected interest being shown in the proposed work.





DIE MITTEL ZUR VERHUE-TUNG DER CONCEPTION—EIN STUDIE FUER PRAKTISCHE AERZTE UND GEBURTSHEL-FER—Von Dr. Hans Ferdy, Sechste Neu Bearbeitete Auflage, Heuser Verlag.

In this pamphlet of 76 pages we have in clear, simple language every known method of avoiding conception, with the advantages and disadvantages peculiar to each way.

Dr. Ferdy's book commences with a history of the employment of various anti-conceptional methods and the pathological conditions calling for the use of the same.

The yearly death rate of parturient women in Germany alone is over 11,000; what can it be in the whole of Europe and America among those people usually known as "civilized?"

1. "Coitus interruptus" is the oldest known and simplest way of avoiding conception; we find it mentioned in Genesis xxxviii: 7-10. This "coitus interruptus" is almost invariably followed after a longer or shorter time by some form of neurasthenia. Ejaculatis precox, or ejaculatio ante immissionem penis is, as a rule, the resulting change in the male.

2. Compressio urethrae hominis ante ejaculationem is a method much used in Siebenbuergen and in many parts of France.

3. The Condom.—This was first used as a protection against syphilis, and the first of which we have

any record were made in Italy about the middle of the fifteenth century. Linen was the material then used for their construction.

Dr. Ferdy mentions three varieties of condoms: A, those made from the coecum of sheep; B, those made of rubber, and C, a variety of the latter that covers the glans penis only and con not be "libelled"

SOLD FOR THE PREVENTION OF DISEASE ONLY.

The use of condoms is recommended by the author, who suggests that a vaginal irrigator filled with warm water be kept in readiness in case of accidents.

4. The Pessarium Occlusivum.— The occlusive pessary, commonly known as a womb veil, when of correct dimensions and well applied is of value as an anti-conceptional instrument. Its value is naturally increased by a post-coital vaginal irrigation.

5. Dr. Giovanni Tari, of Naples, says that the poor women in Italy try to avoid conception by sitting up in bed immeditely post coitum and bringing about an expulsion of the sperma by coughing and pressing upon the venter.

Soranus, of Ephesus, who lived in Rome about the beginning of the second century, describes the procedure in almost exactly the same words.

6. Clean, Soft Sponges.—Small sponges, carefully freed from sand and with a silk thread attached to

facilitate their removal, are moistened and passed into the vagina.

Conception in spite of their use

is no rarity.

7. Vaginal Injections Post Coitum.—These may be taken with pure warm water, a 2 per cent. aqueous solution of carbolic acid, a 1-2 to 1 per cent. aqueous solution of copper sulphate, a 2 per cent. aqueous solution of zinc sulphate, etc., etc. Injections may be taken in the sitting or reclining posture, preferably the latter. The temperature of the water used should never be under 30 C., because cold water vaginal injections post coitum may be the cause of uterine colics, salpingitis, oophoritis, etc. Whatever injection may be used, they are of no value if the sperma has entered the uterus.

8. A London druggist brought vaginal suppositories into the market in 1886. These were made of cocoa butter and contained chloride of quinia. Professor Kleinwachter, of Czernowitz, found them to be valueless and recommended the substitution of boric acid for the quinia salt. Dr. Ferdy considers neither as

absolutely safe.

9. Dr. C. Capellman, of Aix la Chapelle, considers that the only "moral" way of preventing conception is "abstinence from coitus for two weeks following the beginning of menstruation, and for the four days preceeding the following menstruation." Raciborski recommended the same thing in 1855, but five years later had changed his opinion.

10. In the Sunda Islands the native women escape conception by having an artificial ante or retroflexion of the uterus brought about. This is unknown in Europe.

Dr. Ferdy closes his work with a review of all known methods and recommends as the best, in his opinion, the coecal condom; 2. The rubber condom covering the glans penis only; 3. The pessarium occlusivum.

—Chandler.

ADEPS LANAE, "N. W. K." Illustrated. The Adeps Lanae Co., 99
Nassau Street, New York, Pub.
This little monograph on the em-

ployment of pure natural wool fat as an ointment base is a neat one. The illustrations are excellent, and the literature points out the various applications of this excellent base for ointments.

"AMERICAN DRUGGIST AND PHARMACEUTICAL RECORD" SPECIAL ANNIVERSARY NUMBER. NEW YORK, 1896.

No greater evidence could be given of the remarkable evolution in trade journalism of late years than what is exhibited in the above issue of the "American Druggist and Pharmaceutical Record" of August 25. Typography and illustration of the highest character, such as only a decade or two ago would be found in the very best magazines and weeklies, are here shown in the latest developments of art. This number is understood to be the largest single issue of a pharmaceutical journal ever issued, and its contents are particularly valuable and interesting.

Over 19 pages are devoted to a fully-illustrated report of the proceedings of the American Pharmaceutical Association meeting, held at Montreal, Canada, a few weeks ago. Besides this there is a special report of the British Pharmaceutical Conference, at which were read many valuable papers on the chemistry and pharmacy of important drugs.

The interest attaching to Oriental and far-off countries in association with the prescription end of the healing art finds full expression. One of the principal articles consists of the story of a strange and extraordinary discovery of the oldest medical prescription in existence, as well as of the practice of pharmacy in ancient Assyria and Chaldea as revealed in the cuneiform inscriptions. This is from the pen of the well-known philologist, Charles Sotheran.

Pharmacy as now practiced in faroff Hindostan is described in vivid language by William Mair, a resident of Calcutta, who tells of the immense sale there of American rem-

edies.

The Chinese boast of a past stretching away into the dim mists of antiquity, and the wonderfully quaint manner in which pharmacy is carried on by this ancient people, as told by William E. S. Fales, former United States Consul at Amoy, China, constitutes as pleasing a story as it is possible to imagine.

The "American Druggist" in order to not only have good literary material in its various issues, but also to foster a spirit of emulation among the trade, has been in the habit of having prize competitions of three classes. The winners in their latest literary tournament are announced, and the first prize essay and prize practical formulas are printed in this anniversary number. The best of these, "How to Advertise a Drug Store," is from the pen of D. L. Grimes, of Connersville, Ind., and he unquestionably could give points to some of the smartest agents of the advertising business.

John W. Ballard, who is also the winner of a first-prize essay, has succeeded most admirably, in his "Side Lines for Druggists," in presenting a phase of pharmacy which is of paramount importance to the trade. Messrs. H. B. Dunham and H. L. Grimes have invented some new formulas for soda syrups and for which they are recorded as prize winners. The Wild Strawberry Phosphate, Champagne Kola and Cold Ripe Persimmon soda syrups will doubtless be the latest departures in cooling summer drinks. The Kola-Kola thirst allayer of Mr. Grimes is worthy of the genius of the late Sam Ward.

Particularly noticeable to the layman not acquainted with the mysteries of the art of Galen is the discussion in the "American Druggist" on "The Training of the Pharmacist." Some of the propositions made will be doubtless startling to old-fashioned moss-back druggists, who will doubtless resent some of what they consider the dangerous innovations in teaching methods proposed by eminent professors of the principal colleges of pharmacy in this country. The controversy that has been going on for some time as to the experience requirement by colleges is here ably argued from the opposing sides. Edward L. Milhau, who, under the caption of "Stand Fast, New York," insists that experience before graduation is necessary, is most ably answered by Dr. Willis G. Gregory, of Buffalo, and William Bodemann, of Chicago. John W. Ferrier, one of the leading New York pharmacists, also has an article of strength and lucidity supporting Mr. Milhau's position.

After carefully examining the 260 pages constituting this remarkable magazine, it is impossible to believe other than that the finality of trade journalism has been reached and that the "American Druggist" must have the hearty sympathy and recognition of all the factors in pharmacy to which it looks for patrenage. This is plainly evidenced more in the pages of advertising than even in the brilliant reading matter. The great cost for illustration and of real artistic merit which many of these advertisements display, is conclusive that the publishers of the "American Druggist" have no new fields to win in what means pleasure to their readers and profit to themselves.

THE NURSING WORLD BEDSIDE RECORD; for the Use of Physicians and Trained Nurses. Supplied by John Carle & Sons, 153 Water Street, New York.

This is a blank chart for recording temperature, pulse, respiration and physicians' orders, with nurses' observations. It is very complete and concise, and is the outgrowth of a prize competition amongst the readers of the "Nursing World." Aside from the advertising intended by the Imperial Granum Company, they have placed at the disposal of physicians a remarkably good aid to the management of cases, and there should be a large demand for these blanks.

THE EXPERIENCE OF SEVERAL PHYSICIANS WITH SERO-THERAPY IN TUBERCULOSIS. By Paul Paquin, M. D., St. Louis, Mo. Reprinted From the Journal

of the American Medical Association, August 16, 1896.

THE EMINENTLY SCIENTIFIC NATURE OF OUR PATENT AND COPYRIGHT LAWS. The Klebs Antiphthisin Case. By F. E. Stewart, M. D., Ph. G., Detroit, Mich. Reprinted From the Journal of the American Medical Association, August 22, 1896.

The title of this little monograph hardly gives an adequate idea of the intention of the author in writing it. Dr. Stewart discusses the application of our patent laws to medicine, and argues quite acceptably that patent laws for private gain should

not be allowed where the public is not benefited.

#### BOOK NOTES.

The last edition of Dr. Marchand's book on the therapeutic applications of Peroxide of Hydrogen, Hydrozone and Glycozone is just out. It contains much new and valuable material from various writers and abstracts of articles, among which is one on Parsons' Practical Theory and Treatment of Pulmonary Tuberculosis. Every one of our readers should get a copy of this new edition, which may be obtained by writing to the Drevet Manufacturing Company, 28 Prince street, New York City.





### THE MANAGEMENT OF TY-PHOID PATIENTS.

An interesting discussion recently took place before the Richmond Academy of Medicine on the treatment of typhoid fever, a subject of constant interest since the views of physicians still differ so widely in many particulars. Dr. L. B. Edmany particulars. wards, who took a prominent part in the discussion, suggested a line of treatment which in his hands had given excellent results. A prominent feature is the use of phenacetine in small doses. He had found that doses of this drug not exceeding two or three grains every three or four hours, so as not to exceed 20 grains a day, are safe, and usually effective in keeping the temperature down to 101 degrees or 102 degrees. In moderate doses it will not reduce the temperature beyond the normal. The author calls attention to the curious observation that Phenacetine acts best in reducing fever temperatures during the hour after 10 of 11 o'clock in the day, and that there is not much to be expected of it after midnight administration. He often combines it with strychnine or digitalis and invariably gives it in combination with some antiseptic, such as salol. It is not improbable, he thinks, that its long continued use in small doses favorably influences the typhoid ulcers of the small intestines, since the value of phenacetine as a local application is well recognized. Between the doses of this remedy he has come to rely with much confidence upon the "chlorine treatment," as described many years ago by Watson, later by Murchison and more recently by Yeo. Aside from the medicinal treatment there are other essentials in the management of typhoid patients, as recumbency, quiet of surroundings, the sufficient use of water as a drink and the topical use of cool water, sponging or wet packs, the supply of proper nutritious fluid diet, the care of a faithful, well-trained nurse. For the past eight years Dr. Edwards has adopted the general line of treatment above described with the loss of only a single case, and that one in which he did not follow the principles of which he has made mention.

### THE FATHER KNEIPP CANCER CURE.

Reports have now and then reached the United States of certain marvelous cures wrought by the pastor of a little Bavarian village in cases given up as hopeless by the regular practitioner. M. Ernest Goethals, in a work just published in Paris, gives a most fascinating account of Father Kneipp's methods, which are as extraordinary as they would seem to be successful, and

which are certainly worthy of more attention than they have received so far from medical science.

whole secret of Father Kneipp's method consists in regenerating the blood and insuring its normal circulation up to the extremities of the body. Forty years of experience, study and patient observation have led him to this conclusion. that, every malady being caused by the presence in the organism of hurtful elements, it is in the essential principle of the organism, in the blood and not elsewhere, we should seek for the sole cause and origin of all diseases. Every malady is but the resultant of a general disorder, accidentally localized in such or such a part of the body, or affecting such or such an organ in particular. A separate treatment of this organ may cure it without doubt, thanks to the skill of the practitioner; but the principle of the malady is not, therefore, eliminated from the general economy, and is susceptible of reappearing afterward, either under the same form or under a new form affecting different characteristics. The true method, according to Kneipp, is to treat the entire organism from top to bottom by the restoration of the blood, and this theory will hardly be disputed, for it has not even the merit of novelty. But where the Bavarian pastor overturns all the traditions of Hippocrates and Galen is in the means to be employed and, above all, in the way of applying them. Kneipp, while having a strong sense of the value of simples, the humble little herbs of the woods and meadows, employs generally only water-water, the simplest and least costly agent, which we have at hand always and everywhere; because it alone can act on all the parts of the body simultaneously, quickly and in a sure fashion. But in the hands of Kneipp water is not only a powerful agent of reaction, it is, moreover—and this is his great innovation—in his system an element of penetration and absorption. He wishes the body to be saturated through the medium of the skin with the greatest possible quantity of water at regular intervals. And hence his formal prescription to his patients never to dry any part of the person on leaving the bath except the hands and face.

The most singular feature, however, in the Kneipp system is the method of curing cancer, and the wonderful success that has attended it

It is now over thirty years since the Bavarian pastor began to treat cancer, and there has not been a single instance of failure. His modesty and freedom from ambition account for the fact that his name is not a household word everywhere. Lately when the so-called wonderful discovery of Koch was agitating the world, Father Kneipp held his peace and continued his cures in silence. Probably as little would be known of him as was of the Oberammergau Passion Play half a century ago but for the number of patients that have flocked to him from every part of Europe during the last five years.

Here, too, nothing can be simpler than the treatment; water is also the base of the system. In its diverse and alternate applications it serves to stir the blood, give activity to the circulation and drive to the epidermis the humors it carries with it. But to expel them altogether water alone would be insufficient; recourse is had to a local external agent, clay, which, after being long and carefully diluted in nine parts of rain water and one of vinegar, is laid in thick layers over the whole face, the operation being repeated twice a day.

Before each new operation every particle of the preceding layer is carefully wiped off and the flesh cooled by a detersive and resolvent lotion made from a decoction of sim-Thus we have the clay which draws the unhealthy humors and dries the sores, the vinegar—an antiseptic-which heals them, and the lotion, which aids in the normal reconstitution of the tissues. Sometimes when the bite of this gnawing monster has been peculiarly deep, and after the first symptoms of cicatrization begin to show themselves, a plaster of white cheese is laid under the clay, and the calming and cooling action of this agent is a potent auxiliary at this period of the cure.

M. Goethals learned from Dr. Tacke, one of the staff attached to the clinic of Woerishofen, that over three hundred cases of cancer were treated during the present year. Of these more than half obtained their exeat, after a formal verification of their complete recovery. Various circumstances obliged the others to return to their homes before a final cure was effected. But they were all so far advanced on the road to health that they are now probably as

well as the rest. Moreover, and this fact is of very great importance—it is the opinion of Dr. Tacke that it is by no means necessary to have recourse to Father Kneipp in order to cure cancer according to his method. The treatment is so simple that any one can apply it to himself. It is also perfectly harmless. In fact, by a singular and remarkable property, the clay, when applied in the manner stated, attacks the diseased tissues only, the sound flesh remaining entirely sheltered from its action.



PLEURAL EFFUSION.

Baccelli (Il Policlinico, June 15, 1896) draws attention to a sign formulated by him as an aid to the differential diagnosis of fluids in the pleura. If the patient is made to utter the word "trentatre" (Italian 33) in a whisper, every letter of the word will be heard in case the fluid is very thin, but in proportion as this becomes heterogeneous, and especially if purulent, the letters are gradually lost up to final disappearance of all conduction. The first letter to go is "r," then "t," then "n," and finally the vowel sounds. To hear this "Baccelli's phenome-

non" one should use direct auscultation in the antero-lateral and inferior regions of the thorax, and without any stethoscope. The author goes so far as to say that even if the whole symptomalogy of the case indicates a purulent effusion, the presence of this transmission of the whispered voice would be sufficient to negative such a diagnosis. The theory that every pleurisy is tuberculous finds no favor in the author's eyes. In the treatment sod. salicyl. is recommended in the early stages and digitalis purpurea, digitalin and caffein in the later stages, when the urine is rather scanty.



# Surgical Literature.

## MELANCHOLIA CURED BY OPERATION.

A man, aged 42, suffered from depressive melancholia, at first periodical, but later constant, and became unfitted for business. He complained of the eyeballs feeling as if too large for the sockets, and of a bursting pain between the eyes; at different times had been operated on for varicocele, stricture, ligation of pudic artery, removal of testicles and hemorrhoids; had worn glasses; had his eye muscles cut and one eye enucleated; had been circumcised; his spine cauterized, and had worn a seton in his neck. Examination of the nose showed the right nostril nearly occluded by a thickened bulging of the cartilaginous septum, and the left middle turbinate thickened, with myxomatous degeneration and evidences of ethmoid disease. The nostrils were freed with saw and snare, and all symptoms quickly disappeared.—Bosworth, in International Medical Magazine.

DEATH AFTER EXPLORATORY
PUNCTURE OF HYDATID
CYSTS.

Chauffard (Sem. Med., August 8, 1896) records a case in which an exploratory puncture was made to confirm the diagnosis of hydatid cyst

of the liver. Every antiseptic precaution was observed, and the fluid withdrawn was characteristic and clear. No pain was complained of. A few moments later the patient felt suddenly ill, intense irritation of the skin was experienced. This was followed by two severe epileptoid seizures. The mouth became filled with foam, and death ensued from cardiac collapse about 25 minutes after the operation. Post-mortem examination proved, apart from the liver, entirely negative. heart was contracted in systole and empty. There was no effusion of liquid into the peritoneum, and no sign of inflammation of serous membranes. The liver was very large and after removal of the cystic cavities weighed 2450 g. Compensatory hyperplasia has frequently been noticed in these cases. During life the liver had performed its functions well, and there was no glycosuria or urobilinuria. Post-mortem no cirrhotic or sclerotic lesions were present; the hepatic cells were well preserved. The trabecular arrangement was distubed, the glandular element having obliterated the capillary network, and an almost exclusively cellular parenchyma remaining. This is probably a condition identical with that of the foci of nodular hyperplasia observed in the subjects of tuberculous, syphilitic or malarial disease. Death after puncture, which is rare, usually results in cases of intraperitoneal rupture. Two theories only can account for this case: 1. That the symptoms were reflex and of traumatic origin. 2. That they were due to intoxication by a special hydatid poison. The latter is the generally accepted, and, in this case, the only possible view. The three groups of symptoms-cutaneous, cerebro-spinal and myocardiac-which are frequently met with after pucture of hydatid cysts can hardly be due to an ordinary traumatic reflex; there is obviously some reflex connected with the puncture of the cyst itself. Death through hepato-cardiac reflex was negatived in this case by the fact that the heart was arrested in systole. In the most attenuated form of hydatid intoxication-urticaria—patients are found to be very differently affected, and individual idiosyncrasy, with regard to the poison resulting from effusion into the peritoneum of a few drops of the fluid, is the only way of accounting for the terrible effects produced in this case.

## PERIPHERAL SCOTOMATA IN GLAUCOMA.

Simon (Centralbl. f. prak. Augenheilk., April, 1896) points that in the early stages of chronic glaucoma scotomata may be found not

only close to the point of fixation (paracentral), but also in the periphery of the field. Usually they are crescentic in shape, or become so, with the concavity toward the point of fixation. As they increase in size they gradually encroach on the periphery of the field, until it disappears. Iridectomy may prevent their development, but in many cases they lead to total loss of the field, and so are of bad prognostic significance. The mapping out of these scotomata is difficult, even with intelligent patients, and should be gone over more than once. Simon thinks a gray test object, having a diameter of 5 mm., the most suitable, or the trial may be carried out with a diminished illumination.

#### DR. W. C. B. FIFIELD.

The death of Dr. W. C. B. Fifield, which occurred at his home in Boston, Mass., on the 9th instant, removes one of the foremost of physicians in his locality. Dr. Fifield was 68 years of age and, although not in the best physical health of late years, he maintained his activity in general practice to the end. He was a surgeon of note, being at one time actively connected with the Boston City Hospital, and was on the consulting staff of this institution at the time of his death.





#### CAUSES OF STERILITY.

These may be enumerated as follows:

Anomalies of the hymen or malformation of the genital tract—a very large vagina can also be the cause of sterility, as the sperm flows out immediately after coitus.

Vaginismus.

Excessive acid reaction of the vaginal mucus, which destroys the power of motion in the spermatozoa.

Narrow external or internal os, anteflexion, retroflexion, endometritis, gonorrhea (especially with involvement of the adnexa), neoplasms.

Constitutional diseases, as tuberculosis, syphilis, chlorosis and obesity.—Graefe, in Centralblatt fur

Gynacologie.

#### PRECOCIOUS PREGNANCY.

In a recent number of the American Journal of the Medical Sciences is reported the birth of a living child weighing five pounds from a mother ten years and two months of age. The labor was uneventful. The mother had menstruated regularly since the age of five years, but evinced no other signs of development.

### LARGE ABDOMEN IN INFANTS.

The large tumid abdomen that is so harmless in appearance is a sign of the utmost import in the diagnosis of the disorders of nursing babies. When it is found we may be sure of the existence of a gastro-intestinal condition, which, for clinical reasons, I propose to name the chronic gastro-intestinal dyspepsia of nursing children. On autopsy, an elongation of the bowel that is more or less pronounced will be observed. Recent unfinished histological researches show that this elongation is associated with a chronic enteritis, accompanied by a chronic gastritis. The large flabby abdomen, therefore, most surely denotes the existence of a chronic gastro-enteritis.-Marfan, in La Semaine Medicale.

### EFFECT OF LIME JUICE ON THE MENSES.

The sucking of the juice from one or two lemons by women suffering from the inordinate flow of the menses has the effect of checking the same. This statement, in connection with the reports of the effect of lime juice upon the amative instincts of the male would seem to establish a belief in its anaphrodisiac properties.—Med. Brief.

# AN INTERESTING CASE OF PREGNANCY.

a delicate-looking country-born European multipara, became pregnant in December, 1894. In February, 1895, she had a "miscarriage." Some clots came away, accompanied by severe pain, and she felt unwell for several days afterward, during which time there was a discharge as of ordinary menstruation. After this she did not see her menses again, but noticed the abdomen and breasts remained "full." In the following September she was confined with full-term twins! The labor was natural. The woman states that the occurrence which took place in February, the abortion, was not the first of its kind, for she had previously aborted three times, always between the second and third months. There is no history of syphilis or injury of any kind. What is the inference? It is that she became pregnant in December, 1894; that between December and February there were three embryos in her uterus, one of which she aborted in her third month, probably from "habit." Unmistakably the twins she gave birth to in September, 1895, were nine-month fetuses, for the abdominal and mammary swelling, it seems, did not disappear with the mishap which took place in February. The wonder is, how did the uterus, in February, manage to expel only a third portion of its contents and not the whole! Could the woman be telling lies? I hardly think so, for her husband corroborates all her statements. Or again, could there have been a double uterus, with an embryo in one which was aborted, and two embryos in the other?-Correspondence of Indian Medical Record.

(This is a highly interesting case. The probability is that the woman did not abort one of the triplets, and as, from habit, the uterus tried to expel its contents but failed, clots passed but no fetus, and in the "fullness of time" she gave birth to her allotted progeny and that turned out to be a twin birth.—Editor Indian Medical Record.)

#### LEAD POISONING AND HABIT-UAL ABORTION.

Daniel (Journ. d'Accouch., Liege, May 17, 1896) publishes an account of a woman now aged 37, who has been 18 times pregnant, and has aborted at between the fourth and seventh months of the last 16 pregnancies. The first child was born in 1880, the second in April, 1882; they have grown up healthy. 1882 the husband became a house painter. Lead colic occurred soon after, followed by paralytic symptoms. He has had to give up his work for months, but has always been obliged to resume it in order to earn his bread. In 1884 the wife aborted, and 15 abortions followed. Her health seemed to improve during the first month or two of pregnancy. Suddenly a kind of nervous attack would occur at night, a rigor with a sensation of fear. By the morning the breasts were found flaccid; within a week the dead fetus was expelled. Within a few days the patient felt well again. seemed free from any of the symptoms which afflicted her husband, and neither had been subject to tubercle, syphilis or alcoholism.

#### FETUS PAPYRACEUS.

Backer (Centralbl. f. Gynak., No. 28, 1896) recently demonstrated at Buda Pesth a fetus papyraceus. The mother was a primipara, aged 28, and was delivered at term of a well-developed female child, nearly 19 inches long, weighing 6 pounds 12 ounces. On the placenta was the chorion, which bore a second amniotic cavity containing the fetus papyraceus. This blighted embryo appeared to have reached the second month of development. Backer preserved the membranes and the placenta, as well as the fetus, in a 4 per cent. solution of formaldehyde. They remained perfect, free from shrinking or opacity.

### OOPHORECTOMY TO INDUCE MENOPAUSE.

A. Johnstone (Amer. Gynec. and Obstet. Journ., July, 1896) has found that a scrap of ovary left behind does not necessarily prevent the suppression of menstruation. If the ligature be close up to the horn of the uterus, so as to crush the sympathetic nerve as it goes into the uterus, there will be no further menstruation. In cases of retroversion Johnstone ties behind the round ligament, so as to bring it into the grip of the ligature. If a knuckle of the round ligament be thus included on each side, he feels sure that the patient will never menstruate, even if both ovaries are left untouched.

### ALEXANDER'S OPERATION; FOR ANTEFLEXION.

Boari (La Rassegna d'Ostet, edi Ginecol., April, 1896) records the following case: A woman, aged 22, whose menstruation from the age of 15 had always been scanty and painful, had for two years suffered from much pain in the hypogastrium and lumbar region and headache, from frequent desire to make water and a sense of weight in the bladder. The cervix was small and hard, and the os faced the posterior vaginal vault; through the anterior vaginal wall the corpus uteri was felt, bent like the butt end of a pistol, and nearly as low down as the collum; on bimanual examination it was found anteflexed between the bladder and the collum, and easily rectified. Alexander's operation, as modified by Casuti, was performed, and was followed in eight days by abundant catamenia. Former troubles disappeared, the woman (previously sterile) conceived and had a normal labor, and eighteen months after operation the uterus was in good position, and menstruation painless. Casuti has performed this operation in six, Boari in two cases, of anteflexion, from sixteen to twenty months ago, and in all cases the uterus has retained its good position.

#### SOME ASPECTS OF URETERITIS IN WOMEN.

Mann gives the etiology of ureteritis as:

1. Injuries during childbirth.

- 2. Previous disease of the bladder.
- 3. Gonorrhea.
- 4. Suppuration of the pelvis and kidney.
- 5. Pelvic disease, such as pelvic peritonitis, cellulitis and humors.
- 6. Abnormal conditions of the urine.

7. Tuberculosis.

Dr. Reynolds considers this a good classification, but says: His own experience has furnished him with instances of each of these classes of disease, with the exception that he has not seen any instance in which he thought the ureteritis due to previous non-gonorrheal disease of the bladder.

#### DERMOID OVARIAN CYST AND TUBERCULOUS PERITONI-TIS IN A CHILD; OVARI-OTOMY.

Dandois (Archives de Gynec. et de Tocol., March, 1896) states that Vincart, of Gerpinnes, diagnosed an abdominal tumor in a girl aged 5, with pains probably due to peritonitis. This observation was made in November, 1893. The pains passed away, but the tumor grew rapidly. Two years later Dandois examined the patient and found a very large tumor, which was continuous, as far as percussion could indicate, with the liver, while there was resonance in the hypogastrium. Masses of bone could be felt through the parietes. Before operating Dandois believed that the tumor was doubtless dermoid, but not ovarian. He made a very free incision from the ensiform cartilage to nearly as low as the pubes. Then he found that the growth was an ovarian dermoid with a very long pedicle. Tuberculous granulations were found on the parietal peritoneum, the pedicle and the omentum. The adhesions were few and not firm, and all omental. The tumor weighed a little over 15 pounds, a quarter of the weight of the patient, who, when her case was reported two months after the operation, was once more in good health. She had previously been very cachectic.

FETUS KILLED BY TYPHOID FEVER.

Etienne, of Nancy (Gazette Hebdom. de Med. et de Chir., No. 16, 1896), examined a 5-months' fetus, which had been delivered from a girl, aged 18, on the twenty-ninth day after typhoid fever had declared itself in the mother. The child's spleen and intestines, as well as other organs, showed no evidence of

the disease, and the placenta was healthy. Blood from the right side of the heart, and from the spleen, liver and placenta was carefully examined, and cultures were made. The typhoid bacillus was found in abundance. The fetus had really died of typical acute blood-poisoning from a large dose of the bacillus before the occurrence of any local change.



ADENOMYOMA OF THE ROUND LIGAMENT.

Cullin (Bull. of the Johns Hopkins Hospital, May-June, 1896) describes a tumor of the right inguinal region in a woman aged 37. It had been noticed for eight years, but had been gradually enlarging, especially during the last two years. The pain in the tumor was of a severe cutting character, worse after exertion or at the menstrual periods. It was successfully removed by Kelly, and was found to be composed of smooth

muscular tissue and glands resembling those of the uterine mucosa. In places there were appearances in these glands like v. Recklinghausen's pseudo-glomeruli or adenomyoma of the uterus. Adenomyoma of the round ligament has not previously been described. The author suggests that the tumor may have sprung from an abnormal deposit of a portion of the Mullerian duct. V. Recklinghausen considered adenomyoma of uterus to be derived from remains of the Wolffian body.





#### THE MOST SATISFACTORY HYP-NOTIC.

Although morphine is still the most efficient remedy at the disposal of the physician for the relief of pain, it now is utilized as an hypnotic much less than formerly. Aside from its many undesirable after effects, there is the ever-present danger of inducing the morphine habit or, more properly, disease. Since the introduction of trional and sulfonal into the materia medica there is even less reason for resorting to the use of opiates as hypnotics, unless in cases where the sleeplessness is due to the presence of severe pains, and even here caution is necessary. With respect to this point, the editor of the "Daily Lancet" writes as follows in a recent issue of his journal: "It seems to us no longer justifiable for any physician to use morphia as an hypnotic; that is to say, simply to produce sleep, until he has failed to secure the desired result with such drugs as sulfonal and trional. These drugs will prove efficacious fully as often, if not more frequently, than morphia, and when they fail to act as hypnotics they also fail to act as functional disorganizers, and this cannot be said of morphia. Personally, we have derived most satisfactory results from trional, but the consensus of opinion seems to be that, while trional acts more rapidly, its effects are less lasting than those of sulfonal; we seem to have derived satisfactory results from a combination of the two; trional producing an hypnotic effect very rapidly and sulfonal maintaining it. In our own practice morphia is never used now as a sleep producer until these drugs have proven inefficient, and this seldom happens. To those who have not yet commenced the use of these new hypnotics the natural character of the sleep produced by them and the entire absence of all unpleasant sequelae will be a revelation that will wean them from the use of morphia."

#### PREVALENT MALARIAL CONDI-TIONS.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the especial class of affections which call for their use. Antikamnia may now unquestionably be called a perfect substitute for morphine, for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. But antikamnia not only possesses the good qualities of morphine without the bad, but it also has the properties peculiar to the coal-tar series. In cases of malarial fever the combination of antikamnia and quinine should be given

as a prophylactic and cure. For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of this combination. "Antikamnia and Quinine Tablets," each containing 21-2 gr. antikamnia, 21-2 gr. sulph. quinine, meet the indications most frequently. In headache (hemicrania), in the neuralgias occurring in anemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets will produce the most happy results.

#### SARSAPARILLA DELUSION.

There is not a single tangible fact to show that sarsaparilla has any therapeutic properties whatever; no one has been able to show that the drug has produced any appreciable physiological effects. In spite of this fact, however, "sarsaparillas" appear to be popular remedies. A recent analysis of goods of this class shows that they depend for their popularity chiefly upon iodide of potassium and a large content of alcohol, which latter often reaches a percentage of twenty-six or more.—Med. Age.

#### COAL OIL AS A MEDICAMENT.

Kerosene is efficient in intercostal neuralgia, diphtheria, catarrh, fermentative dyspepsia, myalgias, sprains and bruises, bites of poisonous insects, colds, bronchitis, pneumonia, colic, salivation, vaginitis; it is noticeable in the urine one hour after ingested, and likewise in the perspiration and alvine excretions.

It is sure death to pediculi and all kinds of parasites, internal and external. I employ twenty minims of kerosene with one minim of oil of cloves in capsule, giving one every three hours—these are put up in soft elastic capsules for me by Parke, Davis & Co. Administered in a case of incipient phthisis, the fever disappeared, tongue became clean, appetite was restored, strength improved, weight increased, cough decreased, sleep much improved, night sweats disappeared. Briefly, coal oil is an antiseptic internally and externally; an insecticide and germicide; a stimulant; a counter-irritant internally; it is cheap; it is not made "in Germany."-Doctor Britton, in Cincinnati Medical Journal.

# ANIMAL THERAPEUTICS OF THE LAITY.

I do not wish to detract from the honor of those who have spent so much time and labor in the development of animal therapeutics, but I do desire that their predecessors, the laity, have their share of the honor.

The wonderful power of the seventh son is known to all, and a posthumous child is equally gifted. I knew one of the latter to whom the mothers all over the country carried their babies that he might blow his breath in their mouths to cure them of thrush. This with alum, sage and honey often effected a cure! When my little girl had whooping cough, a very dear friend sent a braid of hair from the head of a twin to wear around her neck, which, with other remedies, cured her in about six weeks. How many of our old people, when children, caught the measles and drank sheep saffron tea (infusion of sheep feces) to expedite the eruption? The measles came out about the fourth day and the children made a good recovery. An excellent poultice that I have seen used for boils, felons, "catarrhs" of the hand, etc., is fresh dropped cow feces, warm and steaming, which was followed by a cure in course of

Snake meat ninety years ago had

quite a reputation as a remedy for rheumatism. Snakes had limber joints; rheumatics had not. You see the logic! When a boy at the circus, it leaked out that the India rubber man greased his joints with fishing worm oil. What could be more reasonable? Urine dropped into the ear is an excellent remedy for earache. The same fluid with bread broken in has been administered for nocturnal enuresis. Nevi materni are removed by rubbing them with a piece of placenta. The blood from the end of a black cat's tail is an infallible remedy for erysipelas. The pediculus corporis was considered a

God-send for us soldiers. They gave us exercise, caused us to scratch off the effete epithelial scales and keep open the pores of the skin. A potent love philter is a few drops of menstrual fluid in a young gentleman's coffee or pie.

There were no doubt other antitoxins, animal extracts, etc., used by our fathers, but the above are enough to show that they were up on animal therapy and that the present fad is nothing new under the sun.

G. A. HARMAN, M. D.

Lancaster, O.

-Med. Brief.





For asthmatic and emphysema-	1
tous coughs:	
R.—Spiritus aetheris compositi4 dr. Potassii iodidi	
Ammon. muriatisaa 2 dr.	
Codeinæ sulphatis2 gr. Syr. Tolutani4 dr.	ho
Aquae desq. s, ad 3 oz.	
M. Sig.; A teaspoonful every two,	
three or four hours.	1.
three or four nours.	ha
For recurring bronchitis or winter	th
cough:	tl
R.—Terebene	CC
M. Sig.: Ten to fifteen drops on a	
little sugar every three or four	
hours.  -Practical Medicine.	h
-Fractical Medicine,	_
ACUME PRONCHIMIS IN CHIL.	
ACUTE BRONCHITIS IN CHIL-	
DREN.	
When the mucous flow has become	
well established give	
8	
R.—Tinct. veratri viridis12 drops	
Syr. scillæ composit 2 dr. Syr. balsami Tolutani 14 dr.	
M. Sig.: A teaspoonful every two or three hours to a child five years	
old.	1
As the disease progresses, if bron-	1
chial secretion becomes very profuse,	
one of the following prescriptions	
may be used:	
R.—Oxide of antimony	
Syrup of senega	
M. Sig.: A teaspoonful every two	
hours.	
-Perrier.	

R.—	Brand	v	ydrate	2	dr.
	Syrup Syrup	of of	cinchona orange	½	dr. oz.
	_	A	teaspoonful	every	two
our	s.			-Per	rier.

The coal-tar antipyretics often have a marked effect in diminishing the amount of secretion, lessening the severity and frequency of the cough, and relieving the pain:

R.—Phenacetin	
Caffeine½ Mix. Div. in chart. no. 12.	gr.
Sia . Cina ana mandan arany	fam

Sig.: Give one powder every four hours.

-W. S. Christopher.

R.—Phenocoll	gr.
Camph. monobromat2	
Caffein, citratis	gr.
Mix. Div. in chart. no. 12.	gr.

Sig.: One powder every four hours.

—Dillon Brown.

R.—Sodii salycylatis.		
Potassii bicarbonatisaa	1	dr.
Syrup Tolutani	1/2	oz.
Aquæ anisi	.6	oz.

M. Sig.: A tablespoonful in water four times a day in the cases depending upon a rheumatic diathesis.

R.—Vini colchici	dr.
Vini antimonialis	dr.
Potassii bicarbonatis11/2	dr.
Aquæ destillatæ6	OZ.

M. Sig.: A tablespoonful in water four times a day in cases depending upon a gouty diathesis.

—Thomas Grainger Stewart.

#### GONORRHEA.

The following prescriptions for injections are indorsed by Dr. Martin. Early stage:

daily stage.
R.—Acidi carbolici
R.—Hydrarg. chlor. corros
R.—Potass. permanganatis½ gr. Sodii chlor
R.—Acidi carbolici
For the last stage:
R.—Zine acetatis
R.—Ext. hydrastis fluidi.  Bismuthi subcarbonatisaa 2 dr. Glycerini
R.—Zinci sulph.  Aluminis (pulv.)aa 5 gr.  Acidi carbolici
Internally he administers:
R.—Bals. copaibæ Oleoresin cubebæ Pepsin Salolaa 5 gr. Misce et ft. capsulam j.
Sig.: Two capsules after each meal.
R.—Ol sandal

meal.

#### COUGH MIXTURES.

Dr. James K. Crook, of the New York Post-Graduate School, says that the following formulas have been thoroughly tested both in his hospital and private practice, and may be trusted to render good service in suitable cases:

vice in suitable cases:
For irritative coughs:  R.—Phenacetin
or three-hour intervals.
For same of more obstinate character:  R.—Phenacetin
Ext. Gylcyrrhizae20 gr. Codeinae sulphatis24 gr. Sacch. albi2 dr. Fiat pulvis, in chartulas 20 dividendus.
Sig.: One to be taken every two, three or four hours.
When an expectorant effect is desired:
R.—Ext. glycyrrhizae       .20 gr.         Phenacetin       .20-40 gr.         Ammonii muriatis       .2 dr.         Sacch, albi        .2 dr.         M. et in chart 20 div.
Sig.: One powder to be taken in a little water every two, three or four hours.
For weak and fruitless coughs with loss of bronchial power:
R.—Ammon. carbonatis.       2 dr.         Tinct. Tolutani.       2 dr.         Syr. senegae       Spiritus vini gallici         Syr. simplicis.       aa 4 dr.         Aquæ destillataeq. s, ad 3 oz.         Ft. mist.
Sig.: A teaspoonful in a little wa-

ter every two, three or four hours.



-Medical World.



#### FALSE ALARM.

From the Cleveland Plain Dealer.

There is a physician in Cleveland who is pretty sure to stutter when under the stress of excitement. Some time ago he had occasion to professionally officiate on an interesting occasion, and his vocal infirmity was the cause of a funny misapprehension.

The husband and prospective father, who, by the way, had set his heart on a son and heir, was nervously pacing the library when the doctor entered.

"Well, doctor," cried the husband, forcing a smile, "is it twins?"
"Tr—tr—tr," began the doctor.

"Triplets! Great Caesar!"
"Qu—qu—qu—" stammered the

"Quadruplets! Holy smoke!"

"No, no," cried the doctor. "Qu—qu—quite the contrary. Tr—tr try and take it ph-philosophically. It's just a girl."

#### NATURE AND RELIGION.

"Martha, dost thou love me?" asked a Quaker youth of one at whose shrine his heart's holiest feelings had been offered up. "Why, Seth," she replied, "we are commanded to love one another, are we not? I have tried to bestow my love on all; but I have sometimes thought that perhaps thee was getting rather more than thy share."-Med. Brief.

#### THE PASSING OF THE OVARY.

"The times have changed," the ovary said;

"I am hopelessly out of date. I have dropped from out the zenith of fame,

I have nothing left but a blasted

name, For Battey is dead, and Keith is dead.

And what has become of Tait?

My place in the alcohol jar is ta'en By a blind, malicious worm, It is hard for a lady of parts to be

By a mere cedilla under a gut! But I'm out of the fashion and on the wane.

And you now triumphantly squirm. So, Appendix, adieu,

It is time I withdrew-You may hear from me again."

-Southern Medical Record.

#### DR. JAMESON AND HIS WOR-SHIPPERS.

The American papers give "a delightful story from Johannesburg, which is peculiarly timed amid the present insane worship of Dr. Jameson and his freebooters. It describes a dispute among a group of Boers over the color of the English flag. There was great ignorance and much difference of opinion on the subject until an old patriarch, clad in a blue shirt and soiled yellow moleskin trousers arose. His rifle was slung over his right arm, his beard was long and white, his face was yellow with 70 years' exposure to the sun, and his eyes, once keen, were dull. He knew nothing about the English, was ignorant of their language, their ways and grievances; but he was solid on the color of the flag that the sun always shines on. When he stood up there was a number of Oom Peet and a respectful pause. "The English flag," he said with an air of the placid certainty, "is white." There was a general cry of exposulation, which had no sort of effect on the old warrior. "Don't I know?" he asked gently. "I have seen it, seen it three times—once at Majuha, once at Bronkerspruit and once at Doornkopf. Each time it was hoisted and each time it was white." And that settled it.-Lancet.

#### DOUBLE ENTENDRE.

"I can't conceive," she archly cried,
"Wherein you men can longer pride
Yourselves from female rivals
free,

For surely we have grown to be Your peers in ev'ry human stride. It is a truth that none dare hide; Yet why you men will not agree To recognize the new decree,

I can't conceive.

"Now, entre nous, won't you confide And tell me true, all jokes aside, What difference the world can see Between your manly self and me?" "To tell you truly," he replied,

"I can't conceive."
—Anon.

#### THE PURCHASE OF PRINCIPLE.

It was a very long time before the birth of Christ when a certain man by the name of Job proved a bone of contention between Jehovah and Satan under the Theocratic system of government then prevailing. Now it seems that according to the Scriptures there was a kind of assembly in the Court of Heaven into which Satan slipped without any card of invitation. The Lord challenged

him and demanded a report of his proceedings in quite a summary manner:

"Where did you come from and what are you doing here?"

"Well—from going to and fro in the earth, etc."

"Hast thou seen my servant Job?

A good man and true?"
"Yes, but doth Job serve God for naught? Put forth thy hand and

touch his possessions and he will curse thee to thy face."

Now Job had seven sons and three daughters, 7000 sheep, 3000 camels, 500 yoke of oxen and 500 she-asses. Now the Lord told Satan to go and do with him just as he pleased so long as he didn't do him any bodily harm. So off goes Satan and raises a big cyclone, destroying all these cattle and the folks and kins-folks assembled at the family gathering, and poor Job, on whom the job had been put up, in full trust and confidence, cries out: "The Lord gave. the Lord hath taken away, blessed be the name of the Lord." Notwithstanding, Eliphaz, the Temanite: Bildad, the Shuhite, and Zophar, the Noamathite, came around him and gave very cold comfort, and his own wife begged him to curse God and die, he stuck to his faith and still maintained that Jehovah was powerful to rescue him from every ill that flesh is heir to, even if he did have to sit in the ashes and scratch his boils with broken queensware. But old Job was true; he held to his faith in God, notwithstanding this rather unpleasant deal that was made with the devil. Now this wonderful allegory is a lesson for medical men. The profession is full of time-servers, money-seekers, sharks and cormorants, and it is well for it to be known and recognized. Satan's question, "Doth Job serve God for naught?" may with profound significance be put to men high in the ranks of American medicine, men who care naught for the real glory of professional work, the higher professional devotion, but look for nothing but the loaves and fishes—to jump from the old to the new dispensation. It is this which renders medical testimony so untrustworthy 'in the eyes of the laity. It has actually come down to this, that not only can a man's opinion be bought, but even his active interference in cases, where, from his own writings in books, which are put forth as words of authority, he contradicts his expressed theory and for the

filthy lucre sells his science, if such we may call it, for the shining gold. We do feel, that for the honor of our profession we should put our stern protest upon such violation of ethical principles as we meet with daily even in the high places of the profession.—St. Louis Clinique.

